# Cloud County Community College Financial Aid Office
## 2023-2024 Academic Year – V4 Verification Worksheet

2221 Campus Drive Concordia, KS 66901 • 800-729-5101 Ext. 280 • Fax 785-243-1839
finaid@cloud.edu

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called Verification. You must complete this worksheet, attach any required documents, and submit the form to the CCCC Financial Aid Office. **We cannot accept electronic signatures so this form will need to be printed and signed.**

_____
Last Name                              First Name                         MI

_____
CCCC ID# or SSN                                          Phone number (include area code)

### Identity and Statement of Educational Purpose
**(To be used when completing In-Person with a CCCC Official)**

**The student must appear in person at Cloud County Community College to verify his/her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport.** The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

### Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational Purpose
                            *Print Student's Name*

and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Cloud County Community College for 2023-2024.

_____  _____
Student Signature                                           Date

**Identification was presented to and the Statement of Educational Purpose was signed in the presence of a Cloud County Community College Official:**

_____  _____  _____
Print Name                                      Signature                                        Date

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**Identity and Statement of Educational Purpose**
**(To be used when completing in front of a Notary Public)**

**If the student is unable to appear in person at Cloud County Community College to verify his/her identity and complete the Statement of Educational Purpose, they may complete in front of a Notary Public.  The Notary Certificate of Acknowledgement must be completed in its entirety.  A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the Notary Certificate of Acknowledgement must be included when returning this worksheet.**

**Statement of Educational Purpose**

I certify that I _____ am the individual signing this Statement of Educational Purpose
      *Print Student's Name*

and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Cloud County Community College for 2023-2024.


_____   _____
Student Signature             Date


**Notary's Certificate of Acknowledgement**

State of _____ City/County of _____

On_____, before me, _____,
    (Date)            (Notary's Name)

personally appeared, _____, and proved to me because
         (Printed Name of Signer)

of satisfactory evidence of identification _____
          (Type of unexpired government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.


WITNESS my hand and official seal _____
            (Notary's Signature)


  (Seal)

My Commission Expires on_____